

# PRESENTENCE INVESTIGATION QUESTIONNAIRE

*Please fill out all sections completely and include dates when possible. Please print legibly.*

## **DEFENDANT**

Full name: \_\_\_\_\_

Alias, Nickname or Maiden Name: \_\_\_\_\_

Address: \_\_\_\_\_  
[street, address, apt. #] [city] [state] [zip code]

Living with: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_ City & State of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Race: \_\_\_\_\_ Ht.: \_\_\_\_\_ Wt.: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ - - Nationality: \_\_\_\_\_

Marks/Scars/Tattoos: \_\_\_\_\_

Driver=s License No.: \_\_\_\_\_ State of Issue: \_\_\_\_\_ Status: \_\_\_\_\_

Years Lived in County (of residence): \_\_\_\_\_ In State: \_\_\_\_\_ In United States: \_\_\_\_\_

List other places you have lived (include city, county, & state): \_\_\_\_\_

Address at time of offense: \_\_\_\_\_

Closest living relative: \_\_\_\_\_ Relationship: \_\_\_\_\_

Their current address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

## **IMPORTANT CONTACT NUMBERS:**

Clerks Office: 776-9631

Community Corrections: 776-9760

Hamilton County Jail: 776-9800

Probation Dept.: 776-9672(phone) / 776-8413 (fax)

Superior Court 4: 776-9612

Superior Court 5: 776-8260

Judicial Building Info: 776-9600

C.A.R.E. Program: 776-9672

Prevail: 773-6942

*In case of emergency, contact:*

Name and Relation: \_\_\_\_\_ Phone No.: (       ) \_\_\_\_\_

Address: \_\_\_\_\_  
                     [street address, apt. #]                      [city]                      [state]                      [zip code]

Name and Relation: \_\_\_\_\_ Phone No.: (       ) \_\_\_\_\_

Address: \_\_\_\_\_  
                     [street address, apt. #]                      [city]                      [state]                      [zip code]

### **CRIMINAL HISTORY**

List all of your arrests and/or charges, both juvenile and adult, in order of occurrence: (Continue on back if additional space is needed.)

Date	County & State	Charge	Sentence	Juv/Adult
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

\_\_\_\_\_  
 \*DO NOT WRITE BELOW THIS LINE\*

Age of first conviction: \_\_\_\_\_

Have you ever committed a violent offense? \_\_\_\_\_

Have you ever been arrested for runaway or escape? \_\_\_\_\_

Have you ever had a prison or jail write-up for discipline? Why? \_\_\_\_\_

Have you ever had a felony reduced to a misdemeanor? \_\_\_\_\_

Have you ever been sentenced to probation? \_\_\_\_\_ How many times have you been on

probation? \_\_\_\_\_ Did you ever violate probation? \_\_\_\_\_ How many violations have

you had? \_\_\_\_\_ What were the violations? \_\_\_\_\_

Have you ever been a member of a gang? \_\_\_\_\_ Name of gang? \_\_\_\_\_

Have you ever served time in the Indiana Department of Corrections? \_\_\_\_\_ If yes, please

explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FAMILY BACKGROUND****Father**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Deceased? Yes No If so, date &amp; cause of death: \_\_\_\_\_

Present Employment: \_\_\_\_\_

Retired? \_\_\_\_\_ Unable to work due to illness or injury? \_\_\_\_\_

Father's use of alcohol/drugs: Heavy Moderate Occasional None

Has your father ever been arrested? Explain. \_\_\_\_\_

How often do you see your father? \_\_\_\_\_

Describe your relationship with him: \_\_\_\_\_

**Father's Marriages:**

Name	Date Married	Date Divorced	# of Children
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Mother**

Name: \_\_\_\_\_ (Maiden Name) \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Deceased? Yes      No      If so, date &amp; cause of death: \_\_\_\_\_

Years of education completed: \_\_\_\_\_ Present Employment: \_\_\_\_\_

Retired? \_\_\_\_\_ Unable to work due to illness or injury? \_\_\_\_\_

Mother's use of alcohol / drugs: Heavy    Moderate    Occasional    None

Has your mother ever been arrested? Explain. \_\_\_\_\_

How often do you see your mother? \_\_\_\_\_

Describe your relationship with her: \_\_\_\_\_

**Mother's Marriages:**

Name	Date Married	Date Divorced	# of Children
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Brothers & Sisters** (including half, step, and natural)

Half/Step/ Natural	Name & Age	Address (City, State)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any record of arrest for members of your immediate family: \_\_\_\_\_

Do you maintain relationships with other relatives? \_\_\_\_\_ Please explain: \_\_\_\_\_

Describe what it was like to grow up in your home: \_\_\_\_\_

How does your family feel about you getting in trouble with the law? Explain: \_\_\_\_\_

**MARITAL HISTORY**

Marital Status:    Single    Married    Divorced    Widowed    Separated

Present Spouse \_\_\_\_\_ (Maiden Name) \_\_\_\_\_

Address: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date Married: \_\_\_\_\_ Place of marriage (county, state) \_\_\_\_\_

Spouse's Education: \_\_\_\_\_ Spouse's Employment: \_\_\_\_\_

Length of Employment there: \_\_\_\_\_ Pay &amp; Hours: \_\_\_\_\_

Spouse's use of alcohol:    Heavy    Moderate    Occasional    None

Have the police ever been called to your home? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Has your spouse ever been arrested? Explain: \_\_\_\_\_

\_\_\_\_\_

Has he/she been previously married? \_\_\_\_\_ Does he/she have any children from a previous marriage/relationship? \_\_\_\_\_ If yes, how many? \_\_\_\_\_ Do the children reside with you? \_\_\_\_\_

\_\_\_\_\_

Does he/she receive support for the children? \_\_\_\_\_

If yes, from whom and how much? \_\_\_\_\_

Are you satisfied with your current marital or equivalent situation (includes single status)? \_\_\_\_\_

Please describe your relationship with your spouse or significant other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In your current relationship (spouse or significant other), have you experienced physical, psychological, or sexual abuse?

\_\_\_\_\_

\*DO NOT WRITE BELOW THIS LINE\*

List your prior marriages and information pertaining to children.

Name	Date Married & Divorced	Names of Children, Ages, and Custodial Parent/Guardian

List your children:

Adopted/ Step/Natural	Name & Age	Address	Employment/ Education	Marital Status

Are you required to pay support? \_\_\_\_\_ If so, how much? \_\_\_\_\_

Are you in arrears on support? \_\_\_\_\_ If so, how much? \_\_\_\_\_



**EDUCATION**

List all schools and approximate years attended: \_\_\_\_\_

\_\_\_\_\_

List highest grade completed: \_\_\_\_\_

Were you ever in any special education classes? \_\_\_\_\_

Have you ever been suspended or expelled from any schools? \_\_\_\_\_

If you were ever suspended or expelled, please explain what happened:

\_\_\_\_\_

Do you have any plans in furthering your education? \_\_\_\_\_ If so, explain: \_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT**

Are you currently employed? ☐ yes ☐ no

☐ full time ☐ part time ☐ seasonal

If currently *unemployed*, please explain the reason:

\_\_\_\_\_

If currently *unemployed*, how do you support yourself while not working?

\_\_\_\_\_

If currently *employed* please complete:

Employer: \_\_\_\_\_

Date started working: \_\_\_\_\_

Address of employer: \_\_\_\_\_

Phone number of employer: \_\_\_\_\_

Title/Position: \_\_\_\_\_

How many hours per week do you work at this job? \_\_\_\_\_

How much money do you earn per hour? (if salaried, please provide annual salary)

\_\_\_\_\_

Is your employer aware of your current legal situation? \_\_\_\_\_

Complete this section if *employed* or *unemployed*. Please list any previous employment: (use additional pages if necessary)

Name of employer	Address (city, state)	Date started/ended	Reason for leaving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been fired from a job? \_\_\_\_\_

How do you feel about your current employment?

\_\_\_\_\_

How do you get along with your boss and co-workers?

\_\_\_\_\_

How much free time would you estimate you have each week? (Please indicate a percentage):

\_\_\_\_\_

## **MILITARY RECORD**

Branch of Service: \_\_\_\_\_

Date of Entry: \_\_\_\_\_ Date and Type of Discharge: \_\_\_\_\_

## **ECONOMIC SITUATION**

### **Income**

List current gross income. \_\_\_\_\_

Have you ever filed taxes? \_\_\_\_\_

Have you ever filed bankruptcy? \_\_\_\_\_

Are you currently receiving public assistance (i.e., Social Security, SSI, food stamps, etc) (yes or no) \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Are your wages currently being garnished? (yes or no) \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Please list your monthly expenses (rent, utilities, loan payments, etc.). \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please list any assets and their estimated value. \_\_\_\_\_

How do you think your financial status is as far as meeting your monthly needs?

Do you worry about finances and meeting your monthly needs? \_\_\_\_\_ If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

## **HOME AND NEIGHBORHOOD**

How long have you lived in your home? \_\_\_\_\_

Rent or own? \_\_\_\_\_

How many address changes have you had in the past year? \_\_\_\_\_

Do you like your current living situation? \_\_\_\_\_ If no, please explain: \_\_\_\_\_

How would you rate your neighborhood (check one)? \_\_\_\_\_ High crime \_\_\_\_\_ Moderate crime

\_\_\_\_\_ Some but no more than most \_\_\_\_\_ Little crime

Describe the kinds of crimes happening in your neighborhood:

\_\_\_\_\_  
\_\_\_\_\_

**PEERS**

Approximately how many close friends do you have? \_\_\_\_\_

How often do you see your friends (example: daily, weekly, monthly, etc...) \_\_\_\_\_

Was anyone else involved in the current offense? \_\_\_\_\_ If yes, please explain their involvement:

What is your relationship with the person involved in the current offense?

Explain: \_\_\_\_\_

Have any of your close friends ever been in trouble with the law? (yes or no) \_\_\_\_\_

If yes, list the estimated percentage in that have been in trouble: \_\_\_\_\_

If yes, what types of offenses have they been charged with? \_\_\_\_\_

What are some activities you like to do with your family and friends? \_\_\_\_\_

Do you have acquaintances (other friends who are not necessarily close ones that you see and occasionally hang out with) that have been in trouble with the law? (yes or no) \_\_\_\_\_

If yes, please list the estimated percentage that have been in trouble: \_\_\_\_\_

If yes, what type of activities were they involved in? \_\_\_\_\_

**SOCIAL ORIENTATION****Religious Affiliations**

List organized religious affiliation: \_\_\_\_\_

How often do you attend? \_\_\_\_\_

**Interests/Leisure Activities**

List hobbies and interests: \_\_\_\_\_

List any organized activities, clubs or groups in which you have been or are a member: \_\_\_\_\_

What do you do in your spare time? \_\_\_\_\_

List any plans for the future: \_\_\_\_\_

**HEALTH****Physical Health**

Do you feel your physical health is: (circle one)    Good    Fair    Poor

Are you on any medication? \_\_\_\_\_ If so, please list name of medication and what it is used to treat: \_\_\_\_\_

List any allergies you have: \_\_\_\_\_

List any major illnesses, diseases, and/or disabilities you have had currently or in the past: \_\_\_\_\_

**Mental Health**

Have you ever seen a psychiatrist, psychologist, or counselor? \_\_\_\_\_

If so who, when, and where? \_\_\_\_\_

Have you received any inpatient treatment in a psychiatric center? \_\_\_\_\_

If so, when and where? \_\_\_\_\_

Do you have any concerns about your emotional stability, or do you feel you could benefit from any counseling programs? Please explain: \_\_\_\_\_

Were you ever subjected to any form of abuse or neglect as a child? \_\_\_\_\_

**History of Drug/Alcohol Use**

When you committed this offense, were you under the influence of drugs or alcohol? \_\_\_\_\_

Explain: \_\_\_\_\_

Have you ever used alcohol? \_\_\_\_\_ What type? \_\_\_\_\_

How often? \_\_\_\_\_

What age did you first begin using alcohol? \_\_\_\_\_ How has your use changed over the years? \_\_\_\_\_

When did you last use alcohol? \_\_\_\_\_ Have you ever used drugs? \_\_\_\_\_

What type? \_\_\_\_\_

How often? \_\_\_\_\_

What age did you first begin using drugs? \_\_\_\_\_ How has your use changed over the years? \_\_\_\_\_

When did you last use drugs? \_\_\_\_\_

What is your drug of choice (i.e., beer, liquor, marijuana, etc.)? \_\_\_\_\_

Have you ever received outpatient or inpatient treatment for alcohol and/or drug abuse? \_\_\_\_\_

If so, list when and where:

Agency	Address	Purpose	Date Began	Date Ended
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do you feel that you are presently in need of counseling or treatment? \_\_\_\_\_

If so, why? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you ever had an alcohol or drug problem? \_\_\_\_\_

Do you feel you currently have a problem with alcohol or drugs? \_\_\_\_\_

Have you ever had any problems at work or school due to alcohol or drugs? \_\_\_\_\_

Please explain: \_\_\_\_\_

Have you ever had any medical problems related to alcohol or drug use? \_\_\_\_\_

Have any of your legal problems been related to alcohol or drug use? \_\_\_\_\_

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### OTHER INFORMATION

Is there any other information that you feel is important for the Court to consider about yourself? Please explain how you feel about the offense. Also, please indicate your feelings about being placed on probation (if applicable) and/or serving incarceration (if applicable).

**Your version of the offense can be written in the next section.**

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.



### Defendant's Version of Offense

(Please print legibly.)

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

## SELF-REPORT SURVEY – COMMUNITY SUPERVISION ASSESSMENT TOOL

Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

*The following questions ask about several things in your life, such as education, employment, your family, friends, and your beliefs. Please answer the following questions the best you can. There are no right or wrong answers to these questions. Some questions will be simple yes/no questions, and others will ask you to circle a number which corresponds to how much that statement reflects your beliefs or is "true" for you.*

### 1. Highest Education

- \_\_\_\_ Less than 12<sup>th</sup> Grade
- \_\_\_\_ High School Graduate
- \_\_\_\_ GED
- \_\_\_\_ College

2. In school were you ever suspended or expelled? Yes \_\_\_\_ No \_\_\_\_

3. How long have you lived at your current address? \_\_\_\_\_

4. How many address changes have you had in the past 12 months (do not count incarceration)? \_\_\_\_\_

5. What is the age that you first began regularly using alcohol? \_\_\_\_\_

6. How long has it been since you last drank alcohol? \_\_\_\_\_

7. What is the longest period of time you have abstained from drinking? \_\_\_\_\_

8. What percent of your close friends have been in trouble with the law? \_\_\_\_\_%

9. Would you say that you live in a "high crime" neighborhood? Yes \_\_\_\_ No \_\_\_\_

10. Were you employed at the time of your arrest? Yes \_\_\_\_ No \_\_\_\_

11. If yes, how many hours per week did you work? \_\_\_\_\_

### 12. Are you currently employed?

- \_\_\_\_ Full-time
- \_\_\_\_ Part-time
- \_\_\_\_ No, I am on disability
- \_\_\_\_ No, I am retired
- \_\_\_\_ No, not currently employed

13. In your opinion, do you have a lot of free time? Yes \_\_\_\_ No \_\_\_\_

14. On average, approximately what percent of your week is considered free time? \_\_\_\_\_%

*For the following statements circle the answer that best describes how you feel*

15. How easy would you say it is to acquire drugs in your neighborhood?

Very Easy

Very Difficult

1                      2                      3                      4

16. Are you satisfied with your current marital situation? (If single, how satisfied are you with being single?)

Not Satisfied

Very Satisfied

1                      2                      3                      4

17. How would you rate your current financial stability?

Cannot pay bills

Can pay bills & have extra \$

1                      2                      3                      4

18. Are you satisfied with your current housing situation?

Not Satisfied

Very Satisfied

1                      2                      3                      4                      5

19. Please rate the level of emotional and personal support you receive from family and friends.

No Support

Great Deal of Support

1                      2                      3                      4                      5

20. Please rate how satisfied you are with the level of support you receive from family and friends.

Not Satisfied

Very Satisfied

1                      2                      3                      4                      5

21. I'm often upset when I hear about other people's problems.

Strongly Agree

Strongly Disagree

1                      2                      3                      4                      5

22. Do you think it is ever ok to lie?

Never or only white lies

It is ok to lie

1                      2                      3                      4                      5

23. Lately, I have felt a lack of control over events in my life.

Strongly Agree

Strongly Disagree

1                      2                      3                      4                      5

24. I sometimes find it exciting to do things for which I might get into trouble.

Strongly Agree

Strongly Disagree

1                      2                      3                      4                      5

25. Would others describe you as someone who walks away from a fight or the first to get into it?

Walks Away

First one in

1                      2                      3                      4                      5

26. How much do you agree with the statement: "do unto others before they do unto you"?

Strongly Agree

Strongly Disagree

1                      2                      3                      4                      5

THANK YOU.